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FACSIMILE TRANSMISSION COVER SHEET

Date: November 10, 2005

To: United States Patent and Trademark Office
Examiner: Peralta, Ginette; Art Unit: 2814

Fax: (571) 273-8300

Re: Application Serial No.: 09/686,323
Filing Date: 10/9/2000; First-Named Inventor: Zhao
Attorney Docket No.: 02SPE118P-DIV

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

Message:

Enclosed please find the Amendment and Response to Advisory Action dated November 3, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 02SPE118P-DIV

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Zhao, Bin

SERIAL NO.: 09/686,323 FILED: October 9, 2000

FOR: Method of Fabricating an Interconnect Structure Employing Air Gaps between Metal Lines and between Metal Layers

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
 The fee has been calculated as shown below:

<input checked="" type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- TOTAL EXTENSION FEE \$ 120.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	6	MINUS **28	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 02SPE118P-DIV

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/10/05By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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11/10/05

Date

Christina Carter

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
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26522 La Alameda Ave., Suite 360
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Telephone: (949) 282-1000
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

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Date: 11/10/05

By:

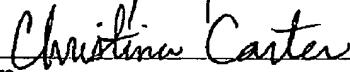

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Examiner: Peralta, Ginette

Filed: October 9, 2000

For: Method of Fabricating an Interconnect
Structure Employing Air Gaps Between
Metal Lines and Between Metal Layers**AMENDMENT AND RESPONSE TO ADVISORY ACTION**

Mail Stop AF
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Advisory Action* dated November 3, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

11/14/2005 TL0111 00000017 09686323

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